PTO/SB/17 (12-04) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE aperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. Feet pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 09/982,474 TRANSMITTAL Filing Date October 17, 2001 for FY 2005 Wilhelmus DE LAAT First Named Inventor Examiner Name R. Winston Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1654 (\$) 1.810.00 Attorney Docket No. 246152012710 TOTAL AMOUNT OF PAYMENT METHOD OF PAYMENT (check all that apply) ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): Deposit Account Deposit Account Number: _ Morrison & Foerster LLP 03-1952 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES **Small Entity Small Entity** Fees Paid (\$) FEE (\$) **Small Entity** Fee(\$) Fee (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) 500 200 100 300 150 250 Utility 65 130 Design 200 100 100 50 300 150 160 80 200 100 Plant 300 150 500 250 600 300 Reissue 200 100 0 Provisional 2. EXCESS CLAIM FEES **Small Entity** <u>Fee(\$)</u> Fee (\$) Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 25 50 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 180 360 Multiple dependent claims **Multiple Dependent Claims Total Claims Extra Claims** Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee (\$) -20 or HP HP + highest number of total claims paid for, if greater than 20 Indep. Claims **Extra Claims** Fee (\$) Fee Paid (\$) -20 or HP HP + highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or reaction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) Extra Sheets Total Sheets (round up to a whole number) x -100 =4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)
Other: Petition for three-month extension of time - \$1,020.00; Request for Continued Examination Fee - \$790.00

SUBMITTED BY

Signature

Registration No. (Attorney/Agent)

Registration No. (Attorney/Agent)

Date

December 15, 2004